

Macewen, B.Sc.; J. Rankin, B.Sc.; W. Martin, M.A., B.Sc.; N. Macnair, B.Sc.; K. Adamson, J. Allan, Agnes Jane Anderson, Annie Kirby Anderson, J. Andrew, J. M. Bonar, J. R. Brown, J. R. Burns, C. Cairnie, M.A.; J. S. Christie, W. Colquhoun, M.A.; J. Crawford, J. Donaldson, W. Duncan, C. E. Fleming, G. W. Francis, J. Graham, Mary Philip Graham, J. Hogg, J. D. Holmes, Norah Kemp, R. Kirk, G. L. Le Fevre, A. Livingston, S. Martyn, G. B. Murdoch, A. B. Murray, M. Callum, J. M. Laws, M. N. Macleod, R. Nelson, J. Park, H. J. Rankin, J. R. Ratcliffe, N. Robson, W. K. Russell, D. S. Service, Merbai Ardesir Yakil, B.A.; H. M. Watson, J. Wells, R. Wilson.

*Bachelors of Medicine and Bachelors of Surgery (M.B., Ch.B.)*—†T. Hunter, M.A., B.Sc.; W. S. Findlay, M.A.; J. D. Cochran, J. J. M'Queen, M.A.; J. F. J. Charteris, J. D. L. Cairns, W. G. L. Linton, J. A. Clarke, J. Alston, J. D. M'Kail, J. D. S. Smith, J. G. Coats, N. E. H. Scott, J. J. Reid, A. S. Allan, W. C. Burns, G. W. Coats, J. M. Corbett, J. F. Fleming, A. A. Forrester, T. B. Garvie, L. W. Harrison, A. Lawrie, W. M. Lindsay, J. W. Little, J. Macdonald, J. M'Haig, J. S. Ormond, R. Scott, A. B. Sloan, S. M. Sloan, Jessie Hawkesworth Smith, J. M'C. Stewart, J. B. Strang, D. R. Thomas, W. L. Thomson, W. J. A. Walker, W. Watson, E. Watt, E. R. Weir, J. Witherspoon, D. J. Young.

\*Mr. Macewen and Mr. T. Hunter divide the Brunton Memorial Prize of £10, awarded to the most distinguished Graduate in Medicine of the year.

†With honours.

‡With commendation.

#### SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST. July, 1897.—The following candidates passed in:

*Surgery*.—J. S. Barnes, St. Thomas's Hospital; A. R. Eates, Edinburgh; T. Jones, Middlesex Hospital; F. T. Knott, London Hospital; C. H. Maskew, Birmingham; A. R. O'Flahertie, London Hospital; J. F. Porter, London Hospital; B. C. Stevens, St. Thomas's Hospital and Durham; F. H. Wilkinson, Liverpool.

*Medicine*.—A. R. Eates, Edinburgh; A. W. H. Edgelow, Charing Cross Hospital; R. S. Elvins, Birmingham; W. R. Kemp, Cambridge and St. Mary's Hospital; A. R. O'Flahertie, London Hospital; J. F. Porter, London Hospital; P. D. Pywell, St. Thomas's Hospital; W. F. Reckitt, Guy's Hospital, J. M. Ritchie, Birmingham and Durham; B. C. Stevens, St. Thomas's Hospital and Durham.

*Forensic Medicine*.—F. W. Chesnaye, St. George's Hospital; A. R. Eates, Edinburgh; R. S. Elvins, Birmingham; W. R. Kemp, Cambridge and St. Mary's Hospital; J. F. Porter, London Hospital; P. D. Pywell, St. Thomas's Hospital; B. C. Stevens, St. Thomas's Hospital and Durham; A. S. Stride, London Hospital.

*Midwifery*.—A. W. H. Edgelow, Charing Cross Hospital; J. M. Edwards, Charing Cross Hospital; R. S. Elvins, Birmingham; W. R. Flint, St. Mary's Hospital; G. C. Hobbs, St. Bartholomew's Hospital; W. R. Kemp, Cambridge and St. Mary's Hospital; J. F. Porter, London Hospital; P. D. Pywell, St. Thomas's Hospital; B. C. Stevens, St. Thomas's Hospital and Durham; J. M. Wood, Middlesex Hospital.

The diploma of the Society was granted to Messrs. Eates, Jones, Kemp, Knott, O'Flahertie, Porter, Reckitt, Stevens, Stride, and Wilkinson.

#### CONJOINT BOARD IN IRELAND.

FINAL EXAMINATION.—Candidates have passed this examination as undernoted:

*Completed the Examination*.—Honours in order of merit: A. I. Eades, F. J. C. Heffernan, F. Hall. Pass, alphabetically: J. M. H. Conway, Miss L. M. C. Cummins, J. M. Longford, W. M. Power, J. W. Rodgers.

*In Medicine*.—J. Campbell, R. L. Davies, W. C. W. Glenny, S. G. Longworth, E. M. J. O'Farrell, De C. S. Potterton, J. J. W. Prescott, W. Taylor.

*In Surgery*.—F. P. Lindé, F. J. O'Farrell, R. H. D. Pope, J. J. W. Prescott.

*In Midwifery*.—J. C. Baskin, J. Campbell, J. J. Cormack, C. A. Kenny, S. G. Longworth, F. J. O'Farrell, F. J. W. T. O'Rourke, B. R. Phillipson, R. H. D. Pope, W. Taylor.

*In Mental Disease*.—J. Campbell, R. L. Davies, S. G. Longworth, F. M. J. O'Farrell, F. J. O'Farrell, D. S. O'Meara, J. J. W. Prescott, W. Taylor.

*In Hygiene, etc.*—W. C. W. Glenny, R. Hassard, F. P. Lindé, J. F. O'Connor, W. H. O'Flinn, E. O'Neill, B. R. Phillipson, R. H. D. Pope, De C. S. Potterton.

*In Ophthalmology*.—C. W. Caldwell, C. A. Kenny, F. P. Lindé, S. G. Longworth, J. F. O'Connor, W. H. O'Flinn, E. M. J. O'Farrell, F. J. O'Farrell, F. J. W. T. O'Rourke, J. J. W. Prescott, W. Taylor.

## MEDICO-PARLIAMENTARY.

#### HOUSE OF LORDS.

##### VERMINOUS PERSONS BILL.

THIS Bill has passed through all its stages in the House of Lords, and now bears the title of "Cleansing of Persons Bill." On the motion to go into Committee the LORD CHANCELLOR raised the question as to whether steps had been taken to identify the fund out of which the expenses of working the Act were to come. The clause in the Bill which referred to the local authority did not solve the problem.—The Earl of STAMFORD, who has charge of the measure, said that in the case of rural authorities the cost would be met out of the general purposes rate, and in the case of other authorities it would come out of the general fund.—The Earl of KIMBERLEY said it should be provided that the charge should fall on the common fund. On report of amendments, he moved the following addition to Clause 1: "And the objects of this Act may be met out of any rate or fund applicable by the authority for general sanitary purposes or the relief of the poor."—The LORD CHANCELLOR said that rates were

only made for statutory purposes. He doubted the possibility of giving effect to the amendment.—Lord HARRIS said the words had been suggested by the Local Government Board, who did not share the noble and learned lord's difficulty.—The amendment was agreed to. Subsequently the Bill was read a third time and passed.

#### LONDON UNIVERSITY COMMISSION BILL.

In moving the second reading of this Bill, the Duke of DEVONSHIRE declared that in substance it was the same measure as that which had passed the House with little discussion last session. Such modifications as had been introduced had been the outcome of communications which had been in progress during almost the whole of the session between persons interested, and there was reason to believe that the difficulties which had hitherto stood in the way of the progress of the measure had now been removed, and that it would now practically pass without opposition. Last year the most controversial point was the provision which it was believed would affect denominational colleges—principally King's College. The agreement which was arrived at last year had been embodied in somewhat different terms in the present Bill, and he believed it was now practically accepted by King's College and the principal bodies concerned. A glance at the list of gentlemen who were to form the Statutory Committee would show that educational interests as well as the conflicting interests which prevented the passing of the Bill last year, were adequately represented.—The Earl of KIMBERLEY, speaking as a member of the Senate of the University, declared that the present form of the Bill was the result of very careful consideration. It was really a compromise between the different interests.—The Bill has passed through Committee, and has been read a third time.

#### LUNACY BILL.

This Bill has been read a third time. Earl RUSSELL said that when the Bill was last before the House he explained that he had not direct authority from the London County Council to oppose Clause 14, which gave, as he contended, too much power to Commissioners to interfere in the internal management of asylums. Since then the Council had passed a unanimous resolution on the subject, and, though he did not oppose the Bill at this stage, he intimated that it would in the other House be strenuously opposed at every stage.—The LORD CHANCELLOR said the noble lord had not behaved quite fairly in not putting his objections to the Bill in the form of amendment.

#### HOUSE OF COMMONS.

##### THE PUBLIC HEALTH (SCOTLAND) BILL.

Nearly the whole of a long sitting of the House has already been devoted to the report stage of this measure. Numerous amendments have been proposed, and discussion on some of them was long. On the motion of the LORD ADVOCATE, amendments were agreed to defining the expressions "medical officer of health" and "medical officer," as meaning "a legally qualified medical practitioner appointed by the local authority," and "a qualified veterinary surgeon" as "a member of the Royal College of Veterinary Surgeons."—Captain SINCLAIR in a speech lasting an hour moved an amendment with the object of throwing on medical officers, and not on sanitary inspectors, the duty of superintending and enforcing, under the local authority, the sanitary provisions of the Act, on the ground that the former had qualifications for the discharge of that duty which many of the latter did not possess. He wished to make it clear that the medical officer was the responsible head of the sanitary staff, instead of merely sharing the responsibility with the inspector.—The LORD ADVOCATE, in resisting the amendment, after describing the length of Captain Sinclair's speech as nothing short of a Parliamentary outrage and designed to kill the Bill, said the feeling of the Grand Committee was that the local authority should be the head, and that the medical officers should be their servants; but if the amendment were carried the medical officers would practically be placed over the local authorities.—The amendment was lost on a division by 227 to 69.—On the motion of Sir C. CAMERON the following words were omitted from Clause 15 on the ground that they would lower the medical qualifications of the medical officers, and would therefore be a retrograde step, namely: "No person shall, except with the express consent of the Board, be appointed as a medical officer of a burgh unless he possesses the qualifications set forth in Section LXXVII of the Burgh Police (Scotland) Act, 1892."—On Clause 22 the LORD ADVOCATE moved an amendment providing that proceedings in regard to nuisances shall be taken "upon a certificate by the medical officer, or after a report by the sanitary inspector or otherwise."—Sir C. CAMERON preferred an amendment in the name of Sir W. Priestley, which, following the English precedent, would give the authorities a free hand.—Sir W. PRIESTLEY said he should like to cut out of the clause the reference to the medical officer and sanitary inspector. A medical certificate on the subject of a nuisance was an important matter, and if the sanitary inspectors were allowed to certify in exactly the same way as a medical officer it would be derogatory to the medical profession and often troublesome to the public. It was sometimes supposed that a mere sense of smell qualified a person to discover a nuisance, but that of course was an error. A bad smell was not necessarily injurious to health. A smell was only indicative of some decomposition which might or might not be harmful.—Sir WALTER FOSTER was glad the hon. member opposite intended to stick to his amendment, which was better than the Lord Advocate's. He hoped that some day sanitary inspectors might become qualified to discover the chemical constituents of smells, but at present they were not so qualified. Persons who had no scientific knowledge at all were often appointed inspectors. Sometimes they were expolicemen, and sometimes even blacksmiths who had failed in business. To put such men in the position of certifying as to nuisances dangerous or injurious to health would be to place them in a position for which they were not qualified. Local authorities would often be involved in difficulties if they had to act on the reports of inspectors having no medical or scientific training in respect of sanitary matters. After some further discussion the Lord Advocate withdrew his amendments, and the words requiring a certificate from the medical officer or sanitary inspector were struck out.—CAPTAIN SINCLAIR moved, in Clause 45, to leave out the words "or sanitary inspector as the case may be." He said that this clause gave power to the medical officer or sanitary inspector to enter a

house in which infectious disease was thought to exist. The right of entry ought to be given to the medical officer only.—Sir WALTER FOSTER thought that the Government might add the words "under the direction of the medical officer" after the words "sanitary inspector." The inspector ought to have authority from some person capable of detecting disease before entering private houses. This power ought to be used under judicious rules and regulations, but the clause as it stood was so awkward in its wording that it would lead to difficulties in the administration of the public health.—Mr. CALDWELL said the whole purpose of the provision was to ascertain whether disease existed, and the only man competent to form an opinion at all on that question was the medical officer. It would be extremely unfortunate if a sanitary inspector had power by statute to enter the bed-chamber of a person ill in order to ascertain whether he was suffering from infectious disease. Sir W. PRIESTLEY thought it was rather a strong measure that a sanitary inspector with no medical knowledge should have such power. It would be a violation of the feelings of a great many people to have a sanitary inspector, who might be a plumber or a stonemason, invade their residence to see whether there was a sick person in the house. He had received a great many communications from laymen in Glasgow and elsewhere, who said they would resent at once a sanitary inspector going in, while they would welcome at any time a medical man.—Sir C. CAMERON suggested that the sanitary inspector should be cut out of the clause or his powers safeguarded by a subsequent amendment.—After further conversation, the amendment was agreed to by 110 to 82.—Sir LEWIS M'IVER (at 1 A.M.) moved to add to clause 60: "The medical officer of any district, or the local authority, may in any case in which such medical officer considers it necessary or expedient for preventing the spread of infectious disease, apply summarily to the sheriff, or to a magistrate, or justice of the peace, for a summary warrant or order to stop the sale of any milk which such medical officer may deem it necessary or expedient to stop to prevent the spread of infectious disease, and the sheriff, or magistrate, or justice of the peace, as the case may be, may without previous intimation grant a warrant or order accordingly, and the local authority shall pay the value of the milk so stopped if it should be afterwards found that the same was free from infection."—The LORD ADVOCATE thought the amendment badly drafted, leaving it doubtful as to what local authority was referred to. It would allow the medical officer of a district to interfere with another local authority. Moreover, he held that merely paying the value of the milk would not cover the whole damage. The trade of a dealer might be seriously damaged. He invited the hon. member to re-draft the amendment and get it moved when the Bill was before the House of Lords.—Sir C. CAMERON supported the amendment; and after some discussion Dr. FARQUHARSON said he had great sympathy with the amendment of the hon. baronet. The machinery in the Bill for meeting emergencies which frequently occurred in connection with epidemic disease caused by milk was slow, tedious, and cumbrous; and the hon. baronet had argued very forcibly indeed in favour of some more rapid action to check epidemic disease. But he was bound to say that the Lord Advocate had hit on a blot in the amendment, and it had also occurred to himself. No doubt the money compensation proposed would hardly meet the loss of prestige that a farmer or dairyman must suffer from having his business stopped summarily. That was a drawback; but perhaps some wider scheme might be eventually proposed to meet this difficulty. At all events, the national advantage might be sufficiently great to counterbalance any drawback or difficulty of that kind, and if a division were taken he should certainly support his hon. friend in the lobby.—Sir WALTER FOSTER hoped the Lord Advocate would find some way to accept the principle of the amendment. It commended himself to him in this, that it struck directly at the offending article, and prevented its sale not only in the locality in which the disease had appeared, but in any other locality. For instance, they might have disease spread from the suburb of a town to the neighbouring county. Under this clause, as the hon. baronet proposed to amend it, they would be able to go to the dairy and stop the sale altogether. Under present circumstances, if they stopped the sale only in a town where the disease was found to have broken out, the farmer might send his milk to another town and spread the disease there. They had therefore the evil absolutely unchecked, and extended to many places rather than confined to one. One of the ways of checking the spread of diseases among young people was to go to the sources of the milk supply. This amendment gave a summary and rapid method of doing that. It might be the means of saving the lives of scores of families, and they ought not to regard the losses of an individual as a barrier to doing a beneficent piece of legislation. He hoped the Lord Advocate would show a willingness to accept the principle of the amendment, and promise to draft some amendment in another place which would carry out that principle.—The LORD ADVOCATE finally said that the matter would be considered with a view to bringing up an amendment in the House of Lords, and on that understanding the amendment was withdrawn.—The debate was resumed on July 28th. Certain amendments were made on the motion of the LORD ADVOCATE, who resisted some amendments as to the land purchase clauses. The amendments were rejected. The report stage was then concluded, and the Bill was read a third time.

#### INFANT LIFE PROTECTION BILL.

This Bill, as amended by the Standing Committee, was considered on July 28th, and, some formal amendments having been adopted, was read a third time.

#### THE ARMY MEDICAL STAFF EXAMINATION.

Captain NORTON asked the Under Secretary for War whether he could state how many candidates were forthcoming for the next Army Medical Staff Examination.—Mr. BRODRICK: Up to the present time there are 27 candidates.

#### ARMY SERVICE IN INDIA.

Captain PRIE asked the Under Secretary for War whether the War Office would be prepared to reconsider the question of long service in India for British troops, as being both physically and financially advantageous, especially in view of the disastrous casualties from enteric fever and venereal disease among British soldiers in India.—Mr. BRODRICK:

The application of the short service system to India has been proved to possess many advantages from a physical, financial, and military point of view, and Her Majesty's Government has no intention of reverting to the old system of long service for the Indian army.

#### SMALL-POX HOSPITALS.

Dr. TANNER asked the President of the Local Government Board whether any definite rules now applied in the selection of sites for hospitals for small-pox, and if any evidence was now available to indicate at what distance from people aggregated in institutions or living in dwelling houses hospitals might be established without risk to persons who were susceptible of small-pox infection.—Mr. CHAPLIN: The inquiry of the hon. member raises an interesting and important question on which he is probably more competent to express an opinion than I am, but I am advised by the medical experts of the Local Government Board that no definite evidence is as yet available to show what is the distance at which small-pox hospitals may be established from aggregations of persons without risk to such persons, and pending the solution of this question we do not sanction loans for the provision of small-pox hospitals on any site where it would have within a radius of a quarter of a mile either a hospital, workhouse, or any similar establishment, or a population of 150 to 200 persons, or on a site where it would have within a radius of half a mile a population of 500 to 600 persons whether in one or more institutions or in dwelling houses.

#### MORTALITY IN SIERRA LEONE.

Mr. FLOWER asked the Secretary for the Colonies whether, in view of the recent mortality amongst British officials in Sierra Leone, he would endeavour to allow the same rules as to leave in that colony which were in force in the Gold Coast Colony, and what extra cost to the colony this change would involve.—Mr. Chamberlain: Nothing has occurred to lead me to modify the opinion expressed in the answer which I gave the hon. member for East Norfolk on March 11th. With regard to the cost, additional officers would have to be appointed to supply the places of those absent, and additional expenses would have to be incurred for passages, to say nothing of the indirect loss to the public service through more frequent changes, but the exact amount cannot be stated without reference to the colony.

#### DANGEROUS LUNATICS.

Dr. TANNER asked the Irish Secretary whether in the case of any dangerous lunatic confined in an asylum in whose behalf application had been made that he or she should be discharged, having ceased to be insane, such application could not be entertained until it should be certified to the Lord Lieutenant by two physicians or surgeons that the individual had become of sound mind, or it has been certified by the resident medical superintendent or visiting physician that he had ceased to be dangerous, and if in the case of the two former authorities demanding such release any demur on the part of the local medical (asylum) authorities could prevent it.—Mr. G. BALFOUR: In the case of dangerous lunatic committed to a district asylum under Section x of the Act 30 and 31 Vict., cap. 118, it is not necessary for two physicians or surgeons to certify that the individual has become of sound mind before an application for discharge can be entertained. The discharge of such lunatics is regulated by Section xi of the Act and by the latter part of Section x. Section xi requires the resident medical superintendent or the visiting physician to certify that the person has either become of sound mind or has ceased to be dangerous, while the latter part of Section x enables relatives or friends under certain conditions to take the lunatic under their care and protection on entering into sufficient recognisances for his safe keeping. But the Court of Appeal has held that there is no absolute right conferred by this Section and that it remains optional with the governors of the asylum to so transfer the custody of the lunatic.

#### BERI-BERI AT THE RICHMOND LUNATIC ASYLUM.

Mr. CAREW asked the Secretary for Ireland whether any and what steps were being taken to check the spread of beri-beri in the Richmond Lunatic Asylum; was he aware that the disease originated in long overcrowding, and that, though the Inspectors of Lunatics as far back as 1891 made a special report to the governors, complaining that the Board of Control had taken no action to meet in any way the urgent requirements of the institution, with its vast population, for increased accommodation, nothing had been done to meet the requirements beyond the erection of a few wooden sheds at the Richmond Asylum and a few temporary structures at Portrane, both condemned as insanitary and insufficient by Dr. Manson and Sir Thornley Stoker; and whether the first section of the permanent structure which the Board of Control was erecting at Portrane would not be available till March, 1899; and, if so, what steps would be taken in the meantime to relieve the congestion.—Mr. GERALD BALFOUR: The outbreak of beri-beri in the Richmond Asylum has been fostered by overcrowding, consequent on the rapid increase in the number of patients. Steps have been taken to meet this overcrowding by erecting temporary accommodation at the asylum, and also at Portrane, co. Dublin. The patients have, as far as possible, been isolated, and the buildings occupied by them have been disinfected. The present outbreak is, so far, of a very mild type. There has been only one death attributed to it, and the general death-rate of the institution was never lower. The disease, though fostered by overcrowding, does not, it is believed, originate *de novo* from that cause, at least in this climate. The Inspector of Lunatics did not make any complaint in 1891 that the Board of Control had taken no action to meet the urgent requirements of the institution for increased accommodation; but in their first memorandum of inspection they called the special attention of the Board of Governors to the overcrowding, and discussed the question of how increased accommodation could be best provided. Consequent on the reports of the inspectors numerous conferences were held between the Board of Control and the Board of Governors, and it was ultimately decided to build a new and fully equipped asylum to accommodate 1,200 persons at Portrane. This asylum is now in course of erection, and it is anticipated that the first portion of it will be ready for the reception of patients in about twelve months. In addition, temporary accommodation has been provided at the Richmond Asylum for 298 patients, and at Portrane for 224 patients,

and further buildings are now being erected which, it is anticipated, will make the total accommodation sufficient for the numbers at present in the asylum. The inspectors are of opinion that these temporary buildings have been erected with the greatest care, and with every precaution that sanitation requires, and are similar to those erected recently at the London County Asylums to provide temporary accommodation.—Mr. T. M. HEALY: Will the right hon. gentleman consider the desirability of getting a specialist to examine upon this strange disease, or has he yet got an opinion from a specialist?—Mr. GERALD BALFOUR: I am under the impression that a specialist did visit and did report, but the actual cause and origin of the outbreak still remains obscure.—Mr. T. M. HEALY: Is this report a public document?—Mr. G. BALFOUR: I am not quite certain as to what I have stated, but I think the visit has been paid. I will make inquiries.—Mr. CARSON: Is it not the fact that there are several hundreds of lunatics in this asylum more than it can conveniently hold?—Mr. GERALD BALFOUR: No doubt there is overcrowding, and all possible steps are being taken to reduce that overcrowding.

#### NUNS AS NURSES IN IRELAND.

Sir THOMAS ESMONDE asked the Irish Secretary if he could explain the letter recently sent by the Irish Local Government Board to the Guardians of the Tralee Union with reference to the nuns who acted as nurses in the Tralee Infirmary; if he was aware that in the Tralee Union, as in all other unions in Ireland where the nuns had taken over the charge of the sick poor, the result of their ministrations had been to vastly improve the condition of the poor people committed to their care, with a very great saving in the rates; if he would state the purport of Article 28 of the regulations referred to by the Local Government Board in their letter; if he was aware that the article in question had not been enforced in the Tralee Union during the twenty-two years that the Sisters of Mercy had had charge of the union hospital; that the enforcing of it now would result in much inconvenience to the nursing sisters; and if he would instruct the Irish Local Government Board to allow Rule 28 to remain, as it had remained for the last twenty-two years, in abeyance, until it could be amended by Act of Parliament.—Mr. G. BALFOUR: The letter referred to called attention to the fact that the Local Government Board had observed from the return of officers that three of the nuns who were employed as nurses in the workhouse had not been appointed by the Board of Guardians as required by the general regulations, and pointed out that unless the guardians went through the form of legally appointing them the salaries paid for their services would be liable to disallowance by the auditor. The Local Government Board are able to testify as to the efficient manner in which the nuns in Tralee and other unions generally discharge their duty. I am unable to say whether the result of their appointment has always been a great saving of the rates. Article 28 of the General Regulations provides that no officer or assistant shall be appointed in any union unless notice that such appointment will be made shall have been given and entered on the minutes at one of the two ordinary meetings of the Board next preceding that at which the appointment shall be made, and unless an advertisement giving notice of such appointment shall, by direction of the guardians entered on their minutes, have appeared in some public paper at least seven days before such appointment is made. If the guardians have omitted to conform to this regulation for the time alleged, they have done so without the knowledge or sanction of the Local Government Board. The conditions of the regulation have been complied with in other unions in Ireland where nuns have held official positions, and the Board fail to see why its enforcement should lead to any special inconvenience in Tralee Union. All union officers who receive salaries from the poor-rates or from public funds must comply with the law, and no exception can be made in the case of the nurses of the Tralee Union.

#### PETROLEUM HAIR WASHES.

In reply to Mr. WOOTTON ISAACSON, who asked a question with regard to the recent death from the combustion of a hair wash, Sir M. W. RIDLEY said that if it should be found, as seemed likely, that the preparation was largely composed of petroleum spirit it fell, of course, within the provisions of the Petroleum Acts. He might add that the County Council, as the local authority under those Acts, were giving careful attention to the subject, and were represented at the inquest. The hon. member was no doubt well aware that the present law with regard to petroleum was in a very unsatisfactory state.

#### CALF OR HUMAN LYMPH.

Mr. STRACHEY asked the President of the Local Government Board whether a Board of Guardians might instruct the public vaccinators in their union to give parents the option of having their children vaccinated with calf lymph instead of human lymph.—Mr. H. CHAPLIN: Public vaccinators are not subject to directions of the guardians in this matter; but they are enabled under the instructions of the Local Government Board (issued in January last) to vaccinate with calf lymph instead of human lymph whenever they so desire.

#### THE PLAGUE IN INDIA.

Major RASCH asked the Secretary of State for India whether his attention had been called to a paragraph in the *Daily News* of Thursday last embodying a statement from the Secretary of the Indian Association to the following effect: "Two gross cases are reported of attempted outrage on Hindu girls in the Khana plague inspection camp by two European officers, who have been suspended by the Government. Pandita Ramabai writes to a newspaper of the seduction of one of her girls in the Poona plague camp, utterly demoralising the arrangements there. These cases have created a great sensation all over the country;" and whether there was any truth in either allegation?—Lord G. HAMILTON: The allegations alluded to consisted of two charges—one in connection with a segregation camp at Khana, in Bengal, for the detention of railway passengers, and the other in connection with the late plague camp in Poona. I have received the following reports upon them: "Lieutenant-Governor of Bengal reports that police-sergeant and military assistant-surgeon were charged with making immoral overtures to two Hindu circus girls and a Japanese prostitute in segregation huts at Khana plague inspection camp. Japanese consented and left with police officer; circus girls

declined, and, on assistant-surgeon pressing, one of them raised alarm. Police-officer dismissed; assistant-surgeon suspended. His case being further investigated. Both are of European parentage; police-sergeant born and domiciled in India." As regards the second case, the Governor of Bombay telegraphs: "Pandita Ramabai's assertions had attracted my notice, and I inquired into them early in June. The girl she mentions was not seduced in the plague camp. She was a plague patient, and was discharged cured. What became of her afterwards is not known. The assertion about utterly demoralising the arrangements in Poona camp absolutely untrue. From first to last somewhere about 500 female patients were admitted; nearly all had relatives or friends attending them; no complaints of violated modesty were ever made. Officer in charge saw Pandita Ramabai herself on several occasions in the hospital, but she never made any complaint to him."

#### THE REPORT ON VACCINATION.

Sir SEYMOUR KING asked the President of the Local Government Board whether he had yet ascertained when the remainder of the evidence and special reports, on which the final reports of the Royal Commission on Vaccination was based, would be published, and what was the cause of the delay?—Mr. H. CHAPLIN: Mr. Bret Ince, who acted as secretary to the Commission, informed me on May 12th that the whole of the as yet unpublished evidence referred to would be issued within three weeks of that time, and that the special reports would be issued at the same time, but some of them rather sooner than the evidence. I have since then twice written to him on the subject of the delay, but I regret to state that as yet I have not received any reply to my last communication, which was dated July 14th, or to the memorandum which was forwarded to him on Saturday when the notice of the question appeared on the paper.

#### PAUPER NURSING IN IRELAND.

Mr. CAREW asked the Irish Secretary whether his attention had been called to the report of an inquest held at the North Dublin Union on July 20th on the body of a child named Mary Davis, where the jury found that the deceased died of starvation, caused by the negligence of the pauper nurse in charge to provide proper and sufficient food; whether he was aware that at a meeting of the Board of Guardians on July 21st Mr. Keogh, one of the guardians, was reported to have stated that he had reason to know that the mothers of twenty-four illegitimate children were doing nursing in the workhouse; and whether, in view of these disclosures and the strong condemnation of the system of pauper nursing by the Irish Catholic hierarchy and the Irish press, he would take steps towards its total abolition in Ireland.—Mr. G. BALFOUR: The verdict of the coroner's jury is correctly stated in the question. The conduct of the officers concerned is under investigation by a committee of guardians, and will probably form the subject of an inquiry on oath by the Local Government Board. Mr. Keogh is reported in the press to have made the statement attributed to him in the second paragraph of the question. As a matter of fact, however, only four women of this class are employed in the hospital, and not twenty-four. The Local Government Board are of opinion that the abolition of pauper nursing in Irish workhouses would, if practicable, be most desirable, but it is extremely doubtful whether an order of the Local Government Board to guardians to substitute paid nurses for pauper nurses could be enforced in the present state of the law. For many years past the Board have been advising Boards of guardians to appoint paid assistant nurses instead of pauper nurses.

#### HEALTH OF THE NAVY.

A copy has been presented of the Statistical Report of the Health of the Navy for the year 1896.

#### METROPOLITAN CEMETERIES.

On the motion of Mr. JAS. STUART, a return has been ordered "of (1) the names and situation of the metropolitan cemeteries to which the Act 15 and 16 Vict., c. 85, applies; (2) the number of bodies buried in each; (3) the extent of each ground; (4) how much has been appropriated for burial purposes; (5) the date of the first interment in each; (6) how much surface space is allowed for a grave; (7) if burials still take place in what is known as the common interment system, and, if so, how many bodies are buried in each grave (in continuation of Parliamentary Paper, No. 288, of session 1896)."

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

### VITAL STATISTICS OF LONDON SANITARY AREAS DURING THE SECOND QUARTER OF 1897.

[SPECIALLY PREPARED FOR THE BRITISH MEDICAL JOURNAL.]

In the accompanying table will be found summarised the vital statistics of the forty-three sanitary areas of the metropolis, based upon the Registrar-General's returns for the second or spring quarter of this year. The mortality figures in the table relate to the deaths of persons actually belonging to the various sanitary areas, and are the result of a complete system of distribution of deaths occurring in the institutions of London among the various sanitary areas in which the patients had previously resided.

The 32,412 births registered in London during the three months ending June last were equal to an annual rate of 20.1 per 1,000 of the population, estimated at 4,463,169 persons in the middle of this year; this rate was 1.5 per 1,000 below the mean rate in the corresponding quarters of the five preceding years 1892-96. The birth-rates during the period under notice in the various sanitary areas showed, as usual, wide variations, owing principally to the differences in the age and sex distribution of the population. In Kensington, St. George Hanover Square, St. James Westminster, Hampstead, St. Martin in the Fields, City of London, and Lee, the birth-rates were considerably below the average; while they showed